



CITY OF GRINNELL CUSTOMER APPLICATION

APPLICANT INFORMATION

Name:		Effective Date:
Date of birth:	Social Security No.:	
New address:		
City:	State:	ZIP Code:
Email address:		
Phone: (Daytime)	(Evening)	(Cell)

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Signature of applicant		Date

FOR CITY OFFICE USE ONLY (DEPOSITS):

Method of Payment: ☐ Cash ☐ Check

Received By:

Account Number:

Please Note: All residential tenants are required to pay a deposit of \$150.00 for water service.